

Post-Orientation Assessment

Name:

Date:

1. **True or False:** Background checks are only conducted on volunteers needing computer access?
2. **True or False:** A previous legal infraction automatically prevents you from being able to volunteer with the VA?
3. What is the standard Service Commitment for a Ralph H. Johnson VAMC volunteer?
4. While volunteering in the Specialty Clinic, John is asked to make a copy of a patient's record. He notices that the patient is his neighbor. Worried about the health of his neighbor, John looks into the record to see why he is at the VAMC. John just breached the patient's right to_____.
5. What are the consequences for an individual who breaches patient confidentiality and/or privacy?
6. What is the most effective way to prevent the spread of germs and infection?
7. When are you expected to wash your hands?
8. When should you use soap and water instead of alcohol-based hand sanitizer?
9. In the case of a fire, what does RACE stand for?
10. What does PASS stand for?
11. What is the VA police emergency phone number? Nonemergency?

Ralph H. Johnson VA Medical Center Volunteer Statement of Understanding

This is to certify that I, _____ have completed the New Volunteer Orientation and I understand its content. I certify that I have answered the Post-Orientation Assessment independently. Furthermore, I certify that I have received and reviewed training on VHA Privacy and the Health Insurance Portability and Accountability Act.



SIGNATURE OF VOLUNTEER

DATE

PRINTED NAME OF VOLUNTEER